

Monroe County Continuum of Care Point-in-Time Annual Survey

Please inform the surveyed of the following: Your answers to the following survey questions will help us understand how we can better meet the needs of people who are homeless in Monroe County. This survey is voluntary. You may choose not to answer some questions. You may also stop answering at any time. Thank you for taking a few moments to help us. We never share your personal information.

1. Please tell us your Name (or initials):		
2. Where did you stay last night?		
<input type="checkbox"/> Emergency shelter, includes motel voucher Name of shelter: _____ (stop survey)	<input type="checkbox"/> Transitional Housing for Homeless Name of program: _____ (stop survey)	<input type="checkbox"/> Permanent housing for homeless Name of place: _____ (stop survey)
<input type="checkbox"/> Substance abuse treatment facility/Detox/Psychiatric facility <input type="checkbox"/> Place not meant for habitation (car, street, boat) <input type="checkbox"/> Stay with friend <input type="checkbox"/> Refused	<input type="checkbox"/> Hospital (or other non-psychiatric) <input type="checkbox"/> Boat w/out pump out system <input type="checkbox"/> Hotel/motel paid for by myself <input type="checkbox"/> Other:	<input type="checkbox"/> Jail, prison, detention facility <input type="checkbox"/> Stay with family member <input type="checkbox"/> Don't Know
3. Date of birth: / / or Age: <input type="checkbox"/> Refused (Please encourage actual DoB to reduce duplicates)		
4. Gender (check all that apply):		
<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identity <input type="checkbox"/> Refused / Don't know		
Race/Ethnicity (check all that apply)		
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Refused / Don't know		
7. Have you ever served in the U.S. military?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
7a. If yes, do you receive Veteran Services or Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
If no, would you like to see if you qualify for benefits now? If yes, call Mary McVeigh-Camilo at the VA:786-299-1873		

8. Do you have any family members or others who are homeless and with you now? Yes No

First	Last	DOB or age	Gender	Relationship*	Veteran(Y/N)	Race	Hispanic (Y/N)

*Relationship = Cohabitant, Friend, Grandchild, Son, Daughter, Dependent Child, Spouse, Other Family, Other Non-Family

<p>9. How long have you been homeless this time? (only include time in streets or shelters)</p> <p> <input type="checkbox"/> 1 night or less <input type="checkbox"/> 2-6 nights <input type="checkbox"/> 1 week to 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> More than 3 months, but less than 1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p>																				
<p>10. Approximate Date Homelessness Started? / /</p>																				
<p>11. How many separate periods of time in the past 3 years have you been without a regular place to stay (including right now)? Check only one box</p> <p> <input type="checkbox"/> No Prior Episodes of Homelessness (1st time) <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more times <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p>																				
<p>12. Total number of months in the past 3 years have you been without a regular place to stay (including right now)?</p> <p> <input type="checkbox"/> 1 (1st month) <input type="checkbox"/> 2 – 12 _____ (enter number) <input type="checkbox"/> More than 12 <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused </p>																				
<p>13. Do you have any of the following disabilities? (check all that apply)</p> <p> <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability </p> <p>Specify/Comments (not required):</p>																				
<p>14. What caused you to become homeless most recently?</p> <table border="0"> <tr> <td><input type="checkbox"/> Employment/financial reasons</td> <td><input type="checkbox"/> Medical/disability problems</td> </tr> <tr> <td><input type="checkbox"/> Housing Issues</td> <td><input type="checkbox"/> Substance abuse or use</td> </tr> <tr> <td> <input type="checkbox"/> Substandard housing</td> <td><input type="checkbox"/> Medical bills caused financial distress</td> </tr> <tr> <td> <input type="checkbox"/> Foreclosure</td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Eviction</td> <td><input type="checkbox"/> Family problems</td> </tr> <tr> <td><input type="checkbox"/> Hurricane</td> <td><input type="checkbox"/> Currently fleeing domestic violence, dating violence, sexual assault, or stalking</td> </tr> <tr> <td> <input type="checkbox"/> Home/boat destroyed</td> <td><input type="checkbox"/> Recent immigration</td> </tr> <tr> <td> <input type="checkbox"/> Job lost/business closed</td> <td><input type="checkbox"/> Other (briefly comment):</td> </tr> <tr> <td> <input type="checkbox"/> Unable to pay rent while evacuated</td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Other (briefly comment):</td> <td></td> </tr> </table>	<input type="checkbox"/> Employment/financial reasons	<input type="checkbox"/> Medical/disability problems	<input type="checkbox"/> Housing Issues	<input type="checkbox"/> Substance abuse or use	<input type="checkbox"/> Substandard housing	<input type="checkbox"/> Medical bills caused financial distress	<input type="checkbox"/> Foreclosure		<input type="checkbox"/> Eviction	<input type="checkbox"/> Family problems	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Currently fleeing domestic violence, dating violence, sexual assault, or stalking	<input type="checkbox"/> Home/boat destroyed	<input type="checkbox"/> Recent immigration	<input type="checkbox"/> Job lost/business closed	<input type="checkbox"/> Other (briefly comment):	<input type="checkbox"/> Unable to pay rent while evacuated		<input type="checkbox"/> Other (briefly comment):	
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<p>15. Were you housed in Monroe County prior to becoming homeless? (Y / N)</p> <p>If yes, about how long?</p> <p> <input type="checkbox"/> 0 to 3 months <input type="checkbox"/> More than 3 months, but less than 1 year <input type="checkbox"/> 1 year or longer </p>																				

THANK YOU for helping us with this survey

Name of Survey Taker: _____
Location Where Survey Completed: _____ (or zone #):